

LAST NAME	FIRST NAME	BIRTH DATE	SCHOOL	GRADE
				3 ____ 4 ____
STREET ADDRESS		TOWN / CITY	ZIP CODE	PHONE NUMBER
				H: W: C:
LIST ANY MEDICAL PROBLEMS OR PHYSICAL HANDICAP OF WHICH THE TEAM COACH SHOW BE AWARE:				
NAME OF PARENT OR GUARDIAN			E-MAIL ADDRESS	
EMERGENCY CONTACT / PHONE NUMBER			COMMENTS / REQUESTS	
PLEASE CHECK: CATHOLIC ____ NON-CATHOLIC ____				
Catholic players must check the appropriate box below <input type="checkbox"/> I am a registered member of St. Martin's parish. <input type="checkbox"/> I am a registered member of _____ parish. <input type="checkbox"/> I am not currently registered at a parish.		Catholic players must check the appropriate box below <input type="checkbox"/> I am registered for religious education at St. Martin's. <input type="checkbox"/> I am registered for religious education at _____. Letter indicating registration? Y N <input type="checkbox"/> I am not currently registered for religious education. <input type="checkbox"/> I attend St. Martin School.		
DAYS UNABLE TO PRACTICE (Please circle) M Tu W Th F				
DID YOU PLAY AT ST. MARTIN'S LAST YEAR? YES ____ NO ____			LIST ANY PREVIOUS BASKETBALL EXPERIENCE:	
LEAGUE NAME AND COACH: _____				
We need assistance in several areas to run this program. Please check the areas where you would be willing to help:				
Head Coach ____		Referee ____		Parent Monitor ____
Assistant Coach ____		Program Administrator ____		Other ____
I agree to my son / daughter participating in the St. Martin CYO Basketball Program per the following rules and conditions:				
1. Any damage to school property, either at St. Martin's or any other gym, for which my child is responsible, will be reimbursed by me. 2. In the event of a medical problem, coaches or program officials are authorized to act in my behalf to obtain treatment for my child. 3. I waive all claims against St. Martin's School, Basketball Program officials, coaches and participants for any injuries incurred while playing basketball for St. Martin's. I understand that it is incumbent on me to have adequate insurance and I will not seek reimbursement from St. Martin's. 4. My child will be placed on a team commensurate with his / her playing ability. Once chosen for a team, the child will not be transferred to another team regardless of the reason. 5. I will not leave my child at St. Martin's unless there is an adult who is responsible for his / her behavior.				
CHECKER _____			SIGNATURE OF PARENT OR GUARDIAN _____	
			DATE _____	
FOR PROGRAM USE ONLY:				
DATE OF APPLICATION: _____			CHECK #: _____	
AMOUNT: _____			CASH: _____	